South Carolina **DEPARTMENT OF AGRICULTURE**

CONSUMER PROTECTION DIVISION | HEMP FARMING PROGRAM

Hugh E. Weathers, Commissioner

2021 HEMP FIELD SIGN REQUEST FORM

Name				
Farm Address				
Home Address				
Phone				
Permit # Pe				
Check which address you would like to be us	sed for a return address f	for shipping and for invoices:	☐ Farm Address	☐ Home Address
This table must be filled out for each val Each row filled out equals one sign.	riety/strain and field lo	ocation planted because eac	ch one is required to	have a sign.
Ex. 1 If you have two varieties plan be filled out for Field 1 Variety B.	nted on Field 1, a row s	hould be filled out for Field	1 Variety A and ano	ther row should
Ex. 2 If you have multiple fields, be row should be filled out for Field 2 \		anted, a row should be filled	out for Field 1 Vari	ety A and another
Field Location ID		Variety / Strain		

8/9/21 1 CPD Form #945

Number of Signs Needed (The sum of each row filled out) ____

Prior to planting, Permitted Hemp Farmers shall post a sign at each field, greenhouse, or indoor growing structure. The sign shall comply with the requirements and remain posted during the entire crop cycle.

Sun Solutions will invoice you and ship to you directly.

Submit this request to SCDA Hemp Farming Program. It must be verified and approved – you may not send the request to Sun Solutions directly.

SUBMIT FORM

Any form submitted to any other email will not be accepted.

hempforms@scda.sc.gov

Save this form to your computer first before filling out and submitting. Do not submit from an internet browser.

